

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS**  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

CITY CLERK  
2012 DEC 28 PM 4:40

(1) Lester Zalewski  
**Name**

(2) 545 S Ft Laud Bch Blvd  
**Address (number and street)**

Fort Lauderdale FL 33316  
**City, State, Zip Code**

**OFFICE USE ONLY**

☐ **CHECK IF ADDRESS HAS CHANGED**

(3) ID Number: \_\_\_\_\_

(4) **Check appropriate box(es):**

☒ **Candidate (office sought):** Fort Lauderdale City Commissioner District II

☐ **Political Committee**

☐ **CHECK IF PC HAS DISBANDED**

☐ **Committee of Continuous Existence**

☐ **CHECK IF CCE HAS DISBANDED**

☐ **Party Executive Committee**

☐ **Electioneering Communication**

☐ **CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 12 / 08 / 12 To 12 / 21 / 12 Report Type SF2

☒ **Original**    ☐ **Amendment**    ☐ **Special Election Report**    ☐ **Independent Expenditure Report**

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks      \$           

Loans                      \$           

Total Monetary      \$           

In-Kind                      \$           

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures      \$ 415.78

Transfers to Office Account      \$           

Total Monetary      \$ 415.78

**(8) Other Distributions**

\$           

**(9) TOTAL Monetary Contributions To Date**

\$ 10,000

**(10) TOTAL Monetary Expenditures To Date**

\$ 415.78

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Judith Van Tuyl

☐ Individual (only for electioneering commun.)    ☒ **Treasurer**    ☐ **Deputy Treasurer**

**X**

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Lester Zalewski

☒ **Candidate**    ☐ **Chairperson (only for PC, PTY & electioneering commun. organization)**

**X**

Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Lester Zalewski

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 / 08 / 12 through 12 / 21 / 12

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
12/21/12	300 <sup>FedEx</sup> N Federal Ft Land FL		Print		115.28
1					
12/21/12	Fed Ex 300 N Federal Ft Land FL		Print		300.50
2					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					